MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05143

Reg. Dist. No. 2 02

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE'S HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - KENNEDYVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) R. (Last) CROW

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 1-12-12

9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME WILLIAM R. CROW

14. MOTHER'S MAIDEN NAME ANNIE COCHRAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a)	CONGESTIVE HEART FAILURE	3 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	MYOCARDIAL INFARCTION	9 DAYS
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14 1953, to 5/23, 1953, that I last saw the deceased alive on 5/23 1953, and that death occurred at 9 18 A m., from the causes and on the date stated above.

SIGNATURE Gulbrandsen (Degree or title) MD ADDRESS Chestertown, Md DATE SIGNED 5/23/53

23. [✓ BURIAL] CREMATION REMOVAL (Specify) DATE THEREOF May 25 NAME OF CEMETERY OR CREMATORY Shrewsbury LOCATION (City, town, or county) near Kennedyville (State) Md.

DATE REC'D BY LOCAL REG. May 24-1953

REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

RECEIVED
MAY 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05144

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent Locust Grove MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Kennedyville
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Locust Grove COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Kennedyville md
STREET ADDRESS (If rural, give location) Locust Grove

3. NAME OF DECEASED (Type or Print) (First) andrew (Middle) (Last) Hawkins

4. DATE OF DEATH (Month) 5 (Day) 27 (Year) 1953

5. SEX male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH mar 5/1953

9. AGE last birthday — yrs. If under 1 year Months 2 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Philadelphia Pa

12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME Stansbury Caulk

14. MOTHER'S MAIDEN NAME anora may Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS andrew Hawkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

772.0

Immediate cause (a) Rickets

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) malnutrition

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 23, 1953, to May 27 1953, that I last saw the deceased alive on May 26 1953, and that death occurred at 4:36 P m., from the causes and on the date stated above.

SIGNATURE L. P. Atwater (Degree or title) ADDRESS Still Pond DATE SIGNED 5/27/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/28/1953
NAME OF CEMETERY OR CREMATORY Olive Hill Cemetery
LOCATION (City, town, or county) near Galena (State) Md

DATE REC'D BY LOCAL REG. 5/27/53
REGISTRAR'S SIGNATURE E. Kennard Jones

24. FUNERAL DIRECTOR B K Fellows ADDRESS Still Pond md

9V3319V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Monday

Alonzo Simmons 2450 West

Wilson called

Undertaker

John T Hallery P I 25+ Columbia

Phone 47084

North Phila

Seeat Fountain

Eva Simmons

Elsie Johnson

Ed Davis

RECEIVED
JUN 2 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05145

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wm. Maslin residence Chestertown, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tenn. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Schwenksville - Pa X35
STREET ADDRESS (If rural, give location) 2" " " "

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) A. (Last) Deighton
4. DATE OF DEATH (Month) (Day) (Year) May-27-53 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 26,86
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator
10b. KIND OF BUSINESS OR INDUSTRY Printing
11. BIRTHPLACE (State or foreign country) Roxborough Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Deighton
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 159-07-6880
17. INFORMANT AND ADDRESS Mrs. Erna M. Deighton, Schwenksville Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH 5 minute

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1953, to 5-27, 1953, that I last saw the deceased alive on 5-27, 1953, and that death occurred at 7 55 p m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (Degree or title) M.D. ADDRESS Chestertown Md DATE SIGNED 5-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 30 1953
NAME OF CEMETERY OR CREMATORY Keeley Cemetery
LOCATION (City, town, or county) (State) Schwenksville, Pa.

DATE REC'D BY LOCAL REG. May 27-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR ADDRESS Marvin V. Williams, Chestertown, Md.
Marvin V. Williams Chestertown Md.

X +

RECEIVED
MAY 29 1953
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05146

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Massey
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Massey
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) L (Last) EDWARDS

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan 12 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred King

14. MOTHER'S MAIDEN NAME: Elizabeth Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Samuel Peeling Massey Md

18. MEDICAL CERTIFICATION

Interval Between Onset And Death

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.1
Immediate cause (a) Acute Cardiac Dilatation
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis
DUE TO
(c) Arterial Sclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured neck of Femur 1951

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1953, to May 26, 1953 that I last saw the deceased alive on May 24, 1953, and that death occurred at 1 AM, from the causes and on the date stated above.
SIGNATURE C B Whitcalle (Degree or title) M D ADDRESS Sudlersville Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 29 1953
NAME OF CEMETERY OR CREMATORY Massey Cem.
LOCATION (City, town, or county) Massey (State) Md

DATE REC'D BY LOCAL REGISTRAR May 28, 1953
REGISTRAR'S SIGNATURE Edw. Fellows.

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

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VS. A15

RECEIVED
JUN 8 1953
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

05147

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall, rural
LENGTH OF STAY (In this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Decoy Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall
STREET ADDRESS (If rural, give location) The Decoy Farm

3. NAME OF DECEASED (Type or Print) (First) ANNE (Middle) GASTON (Last) HATCH

4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 1953

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 26, 1895

9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm G. Gaston

14. MOTHER'S MAIDEN NAME Mary Baylis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 110

17. INFORMANT AND ADDRESS Mr. Chas. Hatch - Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

973.0

Immediate cause (a) Carbon monoxide poisoning — less than 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) Rock Hall (COUNTY) Kent (STATE) Md

TIME OF INJURY (Month) 5 (Day) 28 (Year) 53 (Hour) 8 a m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Suicide - Closed garage door + started car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Robert W. Farr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 5-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Jun I. 1953
NAME OF CEMETERY OR CREMATORY Silverbrook Crematory
LOCATION (City, town, or county) (State) Wilmington, Del.

DATE REC'D BY LOCAL REG. 5/29/53
REGISTRAR'S SIGNATURE S. Elwood Burgess

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

RECEIVED
JUN 3 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05148

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Graham (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1953 19

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH 8/28/1890

9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter

10b. KIND OF BUSINESS OR INDUSTRY laborer

11. BIRTHPLACE (State or foreign country) Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Nelson

14. MOTHER'S MAIDEN NAME Etta Newcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY No. YES

17. INFORMANT AND ADDRESS J.D. Nelson 4010 Bladensburg Rd. Cottage City Brentwood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis (probable — 10 minutes

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1953, to 5-22, 1953 that I last saw the deceased alive on 5-22, 1953 and that death occurred at 9 50 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 5-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/24/53
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. May 24-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells ADDRESS Chestertown, Md.

1

VS. A13

RECEIVED
MAY 28 1953
BUREAU V.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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T

A12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05149

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN
LENGTH OF STAY (in this place) 80 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Queen St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN
STREET ADDRESS (If rural, give location) QUEEN ST.

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) — (Last) WRIGHT

4. DATE OF DEATH (Month) MAY (Day) 28 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. ~~SINGLE~~, [✓ MARRIED], ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH May 31, 1875

9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - RET'D

10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE

11. BIRTHPLACE (State or foreign country) NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME SAMUEL LANE WRIGHT

14. MOTHER'S MAIDEN NAME SARA HELEN ELDRIDGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Johanna T. Wright - Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) ARTERIOSCLEROTIC HEART DIS. — UNKNOWN

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DIS — UNKNOWN

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JAN, 1953, to MAY 28, 1953, that I last saw the deceased alive on MAY 25, 1953, and that death occurred at 12:05 am., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Chestertown Md. DATE SIGNED 5/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 31, 1953
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown Kent Co. (State) Maryland

DATE REC'D BY LOCAL REG. May 29-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR Marion V. Williams ADDRESS Chestertown Md.

B

RECEIVED
JUN 3 1953
BUREAU V. S.